

# BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (for additional cross references)

PCN	INITIALS	ID NO.	DATE
FEE DETERMINATION	2/21/01	2/3	05-17-01
O.I.P.E. CLASSIFIER		SC 5641	6/1/01
FORMALITY REVIEW	JM		7/12/01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	03/26/01
2	04/04/01
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38	✓
39	✓
40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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